

## FORM D



03017350

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR

## UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL  
OMB Number: 3235-0076  
Expires: May 31, 2005  
Estimated average burden  
hours per form ..... 16.00

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering ☐ check if this is an amendment and name has changed, and indicate change.)

**JMG Triton Offshore Fund, Ltd.**

Filing Under (Check box(es) that apply):

☐ Rule 504☐ Rule 505☒ Rule 506☐ Section 4(6)☒ ULOE/NSMIA

Type of Filing

☒ New Filing☐ Amendment

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ☐ check if this is an amendment and name has changed, and indicate change.)**JMG Triton Offshore Fund, Ltd.**

Address of Executive Offices (Number and Street, City, State, Zip Code)

**Citco Fund Services (Curacao) N.V., Kaya Flamboyen 9,  
P.O. Box 812, Curacao, Netherlands Antilles**

Telephone Number (Including Area Code)

**599-9 732-2132**

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices) **Same**

Telephone Number (Including Area Code)

Brief Description of Business

**Trading in equity securities**

Type of Business Organization

☒ corporation☐ limited partnership, already formed☐ LLC, already formed☐ other (please specify)☐ business trust☐ limited partnership, to be formed☐ LLC, to be formed

Actual or Estimated Date of Incorporation or Organization:

Month

Year

0 3

9 6

☒ Actual☐ Estimated

03/24/96

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

(CN for Canada; FN for other foreign jurisdiction) **British Virgin Islands**

FN

## GENERAL INSTRUCTIONS

## Federal:

**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

**When To File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it was received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

**Where to File:** U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

**Filing Fee:** There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

**Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General Partner

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Full Name (Last name first, if individual)

***Inder Rieden, Anthony L.M.***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***Euro-Dutch Trust, P.O. Box N-9204, Charlotte House, Charlotte Street, Nassau, The Bahamas***

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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ Managing Member

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Full Name (Last name first, if individual)

***Quilligan, Declan G.***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***Citco Fund Services (Curacao) N.V., Kaya Flamboyen 9, P.O. Box 812, Curacao, Netherlands Antilles***

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Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Managing Member

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Full Name (Last name first, if individual)

***Pacific Assets Management LLC, a Delaware LLC, the Fund's investment adviser and investment manager***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***One Sansome Street, 39th Floor, San Francisco, California 94104***

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Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Managing Member of PAM, LLC

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Full Name (Last name first, if individual)

***Asset Alliance Management Corp.***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022***

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Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner of AAMC 100% ☐ Executive Officer ☐ Director ☒ Member of PAM, LLC

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Full Name (Last name first, if individual)

***Asset Alliance Holding Corp.***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***800 Third Avenue, New York, New York 10022***

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Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner of AAHC 100% ☐ Executive Officer ☐ Director ☒ General Partner

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Full Name (Last name first, if individual)

***Asset Alliance Corporation***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***800 Third Avenue, New York, New York 10022***

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Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner of PAM, LLC ☐ Executive Officer ☐ Director ☐ General Partner

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Full Name (Last name first, if individual)

***Pacific Capital Management, Inc.***

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Business or Residence Address (Number and Street, City, State, Zip Code)

***1999 Avenue of the Stars, Suite 2350, Los Angeles, California 90067***

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner  
of PAM, LLC

Full Name (Last name first, if individual)

***The Jonathan & Nancy Glaser Family Trust***

Business or Residence Address (Number and Street, City, State, Zip Code)

***1999 Avenue of the Stars, Suite 2350, Los Angeles, California 90067***

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner  
of Jonathan & Nancy Glaser Family Trust

Full Name (Last name first, if individual)

***Glaser, Jonathan M.***

Business or Residence Address (Number and Street, City, State, Zip Code)

***1999 Avenue of the Stars, Suite 2350, Los Angeles, California 90067***

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner  
of PAM, LLC

Full Name (Last name first, if individual)

***Daniel Davidson and Shannon Brown Revocable Family Trust***

Business or Residence Address (Number and Street, City, State, Zip Code)

***Pacific Assets Management, LLC, One Sansome Street, 39<sup>th</sup> Floor, San Francisco, California 94104***

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Managing Member  
of Daniel Davidson and Shannon Brown Revocable Family Trust

Full Name (Last name first, if individual)

***David, Daniel Albert (also indirect beneficial owner of PAM, LLC), a/k/a Daniel Davidson***

Business or Residence Address (Number and Street, City, State, Zip Code)

***Pacific Assets Management, LLC, One Sansome Street, 39<sup>th</sup> Floor, San Francisco, California 94104***

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Managing Member  
of PAM, LLC

Full Name (Last name first, if individual)

***Richter, Roger***

Business or Residence Address (Number and Street, City, State, Zip Code)

***Pacific Assets Management, LLC, One Sansome Street, 39<sup>th</sup> Floor, San Francisco, California 94104***

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General Partner  
of AAC of AAMC of AAMC

Full Name (Last name first, if individual)

***Lipnick, Bruce H.***

Business or Residence Address (Number and Street, City, State, Zip Code)

***800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022***

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General Partner  
of AAMC of AAMC

Full Name (Last name first, if individual)

***Mintz, Arnold L.***

Business or Residence Address (Number and Street, City, State, Zip Code)

***800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022***

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of AAMC ☐ Director ☐ General Partner

Full Name (Last name first, if individual)

**Bondi, Stephen G.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of AAMC ☐ Director ☐ Managing Member

Full Name (Last name first, if individual)

**Jing, Xiao-Hong (General Counsel)**

Business or Residence Address (Number and Street, City, State, Zip Code)

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner of AAC ☐ Executive Officer ☐ Director ☐ Managing Member

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner of AAC ☐ Executive Officer ☐ Director ☐ Managing Member

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner of AAC ☐ Executive Officer ☐ Director ☐ Managing Member

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes ☐ No ☒
- Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$ 5,000,000
3. Does the offering permit joint ownership of a single unit? Yes ☒ No ☐
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. *None*

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....

☐ All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input checked="" type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input checked="" type="checkbox"/> NJ	<input type="checkbox"/> NM	<input checked="" type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....

☐ All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....

☐ All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ 0	\$ 0
Equity .....	\$ 0	\$ 0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ 0	\$ 0
Partnership Interests .....	\$	\$
Other (Specify <b>Shares of BVI Corporation, like partnership interests (Classes A, C, D, E and P Shares)</b> )	\$ <b>999,000,000</b>	\$ <b>731,000,000</b>
Total .....	\$ <b>999,000,000</b>	\$ <b>731,000,000</b>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	109	\$ 731,000,000
Non-accredited Investors .....	0	\$ 0
Total (for filings under Rule 504 only) .....	109	\$ 731,000,000

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505 .....	0	\$ 0
Regulation A .....	0	\$ 0
Rule 504 .....	0	\$ 0
Total .....	0	\$ 0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input checked="" type="checkbox"/>	\$ 0
Printing and Engraving Costs .....	<input checked="" type="checkbox"/>	\$ 8,000
Legal Fees <i>(Since 1996 inception - related to Offering)</i> .....	<input checked="" type="checkbox"/>	\$ 300,000
Accounting Fees <i>(Since 1996 inception - related to Offering)</i> .....	<input checked="" type="checkbox"/>	\$ 200,000
Blue Sky Filing Fees 3-03 .....	<input checked="" type="checkbox"/>	\$ 2,000
Sales Commissions (specify finders' fees separately) .....	<input checked="" type="checkbox"/>	\$ 0
Other Expenses <b>Fund Administration Fees (related to Offering, since 1996 inception)</b> .....	<input checked="" type="checkbox"/>	\$ 400,000
Total .....	<input checked="" type="checkbox"/>	\$ 910,000

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

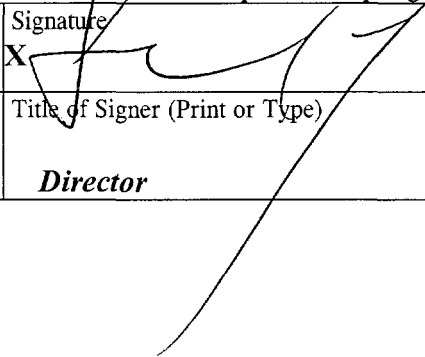
\$ 998,090,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Purchase of real estate .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Purchase, rental or leasing and installation of machinery and equipment .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Construction or leasing of plant buildings and facilities .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Repayment of indebtedness .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Working Capital .....	<input checked="" type="checkbox"/> \$	<input checked="" type="checkbox"/> \$ 0
Other (specify) <i>Trading in Securities</i> .....	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ <u>998,090,000</u>
	<input checked="" type="checkbox"/> \$ 0	<input checked="" type="checkbox"/> \$ 0
Column Totals .....	<input checked="" type="checkbox"/> \$	<input checked="" type="checkbox"/> \$
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ <u>998,090,000</u>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>JMG Triton Offshore Fund, Ltd.</b>	Signature <b>X</b> 	Date <b>March 12, 2003</b>
Name and Title of Signer (Print or Type) <b>Declan G. Quilligan</b>	Title of Signer (Print or Type) <b>Director</b>	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 <u><b>JMG Triton Offshore Fund, Ltd.</b></u>  Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No	Shares	Number of Accredited Investors	\$ Amount	Number of Non-Accredited Investors	\$ Amount	N/A Pursuant to NSMIA	
								Yes	No
AL		X	\$						
AK		X	\$						
AZ		X	\$						
AR		X	\$						
CA		X	\$ 999,000,000	5	7,773,325				
CO		X	\$ 999,000,000	1	1,045,321				
CT		X	\$						
DE		X	\$						
DC		X	\$						
FL		X	\$						
GA		X	\$						
HI		X	\$						
ID		X	\$						
IL		X	\$						
IN		X	\$						
IA		X	\$						
KS		X	\$						
KY		X	\$						
LA		X	\$						
ME		X	\$						
MD		X	\$						
MA		X	\$						
MI		X	\$						
MN		X	\$ 999,000,000	1	5,642,612				
MS		X	\$						
MO		X	\$						
MT		X	\$						



**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 <u><b>JMG Triton Offshore Fund, Ltd.</b></u> Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No	Shares	Number of Accredited Investors	\$ Amount	Number of Non-Accredited Investors	\$ Amount	N/A Pursuant to NSMIA	
								Yes	No
NE		X	\$						
NV		X	\$						
NH		X	\$						
NJ		X	\$ 999,000,000	2	5,117,254				
NM		X	\$						
NY		X	\$ 999,000,000	1	3,489,150				
NC		X	\$						
ND		X	\$						
OH		X	\$						
OK		X	\$						
OR		X	\$						
PA		X	\$ 999,000,000	1	2,286,463				
RI		X	\$						
SC		X	\$						
SD		X	\$						
TN		X	\$						
TX		X	\$						
UT		X	\$						
VT		X	\$						
VA		X	\$						
WA		X	\$						
WV		X	\$						
WI		X	\$ 999,000,000	1	6,206,334				
WY		X	\$						
PR		X	\$						
FOR		X	\$	97	704,556,795	12	US \$26,443,205		
Totals				109	731,000,000				